Under the Pa			Su	batitute for	Form PTC	2-875 En	d to a collecti ON RECC ective Decer	ORD mber 8	. 2004		Appl	10/8/	12	Number 078
	LICATION AS FILED - (Column 1)			Colu	mn 2)	SMALL ENTITY				OR	OTHER THAN SMALL ENTITY			
FOR BASIC FEE		NUMBER FILED			NUMBER EXTRA		RATE	RATE (\$)		3) .		RATE (\$)		
SEARCH FEE		N/A			NIA		N			0.00		NIA .		300.0
137 CFR 1 16(U, (1), or (m)) EXAMINATION FEE		NA			N/A		NA	NA \$25				N/A		\$500
37 CFR 1 16(0). (p). or (q)) OTAL CLAIMS		N/A.			N/A		NA	N/A · \$		\$100		· N/A		-
37.CFR 1 16(i))		minus 20 =		vi 20 =			X\$ 25			-		X\$50		\$200
NDEPENDENT CLAIMS 37 CFR 1 16(n))		minus 3 =					X100		1		OR	X200	•	
PLICATION S E CFR 1 16(6))	If the specification and c sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar		r, the applic or small ent neets or frac I(1)(G) and	plication size fee due entity) for each faction thereof. See and 37 CFR 1.16(s).		+180						•		
JLTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(ji)							+180			1	L	+360=		
the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL	L		J		TOTAL		
AP	PLICATI	ON AS	AMEN	DED - PA	RTII	•				•			*	***********
11		mn 1)		(Colum	m 2) (C	olumn 3)',	SMAI	L EN	TITV'	0	R.	. отн	ER 1	HAN
11/15/05	REM	AIMS AINING TER DMENT	•	HIGHE NUMBE PREVIOU PAID FO	R PR	ESENT XTRA	RATE (\$)		ADDI- TIONAL	7	5	RATE (\$)	LLEI	- ADDI- TIONAL
Total or /		2	Minus	20	2		X\$ 25	- -'	FEE (S)	1/	\f-	\$50	- -	FEE (5)
independent . Of CFR LIGHT	1. 4	7	Minus	7	3.		X100	+		OR	-		4	/
Application Si								+	-/	OR	1	200	4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@)							+180=	1.		OR	1.	360=	1	
	(Calum	· :		•			TOTAL ADD'L FEE	1	·	OR	TO	TAL O'L FEE		
	CLAI	MS	- 1	(Column HIGHES1	-) (000			· T -			F			
Total	REMAII AFTE AMENDI	R. MENT		PREVIOUS PAID FOR	LY EX	SENT TRA	RATE (S)	TIC	DOI- DNAL E (\$)	.·	R	ATE (\$)	1	ADOI- TONAL
37 CFR 1.18(4)			Ainus Ainus				X\$ 25 .			OR	XS	50 .	-	EE (\$)
pplication Size	FAN COZO	1	Ainus	*** :	=	_] [X100 .			OR -	X20	20		
				-	•	$\exists \vdash$				où i			-	
RST PRESENT	QIT OF M	OCTUPLE DI	-FNDEN	IT CLAIM (37	CFR 1.16(0)	L	+180=			OR	+3	60 =		-
the entry in co	lumn 1 is le	es than th	e entry i	n column 2, w	rile "O" in co		TOTAL VODI FEE			O'R	TOTA ADD	L FEE		
the Highest Ni he Highest Nu e Highest Nu	UMBER Dree	/Margaria	id E- 4 **	1 TI HA										

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2